THE ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 06 Issue 01 ***October 2005***

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Message from the Chief

Greetings. Another month has flashed by and once again, Army Nurses are out there making a difference, providing compassionate care and leadership. Great job!

There is no way to predict the final path of hurricanes and our Nation has borne the brunt of both Katrina and Rita over the last few weeks. Our colleagues were mobilized and responded immediately for both of these disasters. We have Army and Navy nurses supporting the citizens of New Orleans both on land and via the hospital ship, Mercy. The reports that are coming back once again cite the commitment and competence of military nurses in addition to the amazing skills you have at connecting emotionally with those you care for. The cleanup from these acts of nature will take months and rebuilding will take years—I know that until the local hospitals are ready to resume their roles in those communities, we will support those in need. My thanks to all of you, those who have gone to assist and those who have picked up the extra responsibilities at your home station from the exacerbation of the shortages we face due to deployments. What you do each day is extremely difficult, but I hope you feel valued for your contributions to our Nation! I also want to let those that had family and friends displaced from the Gulf Coast Region know you are in our thoughts and prayers.

We all understand the challenges of preparing for and showcasing our hospitals when the survey teams from the Joint Commission arrive, I want to congratulate Walter Reed on their successful survey and the education about care to Service members that they provided to that survey team. Kudos to all of you for making that a team effort.

During September, we held the selection board for long-term civilian education and training. That list will be available shortly and it is reflective of the high caliber officers we have. The ability to continue our education during our career is one of the top reasons identified by our officers as a major advantage of being an Army Nurse. I would ask that each of you consider working with the Recruiting Command by returning to your college or university to do a presentation on why being an Army Nurse is an excellent pathway for professional nursing. If you are interested, please talk with your Chief Nurse so we can get that coordinated for you. You are our best recruiters, explaining to other nurses why you find Army nursing rewarding— that is often the key to having them test the water with us. Let's get out there and help people understand why Army nursing is such a professionally rewarding and challenging opportunity.

During September, we had the team members who were working the top three issues from the Strategic Planning session (recruiting, retention and deployment) come to San Antonio for an active and focused work session. All of the participants worked extremely hard to insure we have short, medium and long-term objectives to work these issues. The staff at the San Antonio office is putting those objectives together to post on the ANC webpage so that all of you can hold me accountable for moving them forward. Keep me posted on your thoughts and our progress!

This month, I will not get out to see any of you at your MTF's. I am attending a "joint" general officer program called CAPSTONE but as soon as it is complete, I will have the opportunity to meet the junior officers recommended for the CJ Reddy Leadership Conference. I know that will be a wonderful week and I am very much looking forward to meeting those outstanding nurses who are key to the future of our Corps.

Again, thanks for all you do each and every day for those who depend upon us. I remain honored to represent you. GSP

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to MAJ Eric Lewis. The deadline for all submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

CONGRATULATIONS to **LTC Kimberly Armstrong** on her recent selection to attend the Army War College.

Congratulatioins go out to **LT Kenneth Bailey** ,recently assigned to 2N at Womack Army Medical Center at Ft. Bragg, NC, for his publication titled, "The use of Propofol in the Endoscopy Department" which was published in the Society of International Gastroenterological Nurses and Endoscopy Associates News Vol 17 No 2 (2005). His career goal is to become an Army CRNA.

Congratulations to all the Nurse Corps Officers who authored or co-authored publications in the U.S. Army Medical Department Journal this quarter. They are as follows: MG Gale S. Pollock, "Army Nurses: Providing Quality Health Care Whenever & Wherever Needed."

LTC Mona O. Bingham, et al. "Rebuilding a Future: A Soldier Readiness Case Management Program."
LTC Marguerite L. Knox and COL Edeltraud K. Lamar, "Keys to Success in Training 91Ws."
COL Joann E. Hollandsworth, LTC Teresa I. Hall, and LTC Colleen M. Hart, "Community Health Nursing in the Army: Past, Present, and Future."
MAJ Angelique R. Likely, "CHN Principles: A Practical Application in a Tactical Setting."
CPT Kevin Goke and 1LT Rene De La Rosa, "Mental Health Services at FOB Abu Ghraib: Nafsea (Psychology) through the Wire."
CPT Bethany L. Connor, "Ethical Issues in a Combat Support Hospital in Support of Operation Iraqi Freedom."
MAJ Curtis J. Aberle, MAJ Kenneth J. Bethards, and COL Richard Ricciardi, "Designing a Medical Humanitarian Assistance Course for Advanced Practice Nurses in the Uniformed Services."
MAJ Tammi Chang and MAJ Mishelle Morris-Magee, "47th CSH: Leading the Way with Innovative Nursing in a Combat Zone."
COL Laura R. Brosch and COL Patricia A. Patrician, "Designing and Implementing a National Database Depicting Quality of Nursing Care and Staffing Effectiveness."
COL Carol A. Swanson, COL Rebecca D. Baker, COL Marietta P. Stanton, LTC Charlene M. Godec, and MAJ Lisa M. Patton, "The Design and Development of a Case Management System for RC Personnel."

Kudos to **CPT Neil Hurd** for being selected as Georgia Association Nurse Anesthetists "Student of the Year". He received the award in Stone Mountain, Georgia during the GANA State Conference on 3 September 2005. Congratulations to CPT Hurd for his hard work and dedication. Also recognize the many staff and faculty that have contributed to his success.

Kudos to the state of South Dakota which is giving veteran's bonuses to military personnel who served in a theater of operations. "Applicants must have been a resident of South Dakota for at least 6 months prior to entering the military. Your ORB should reflect this. I have attached an active duty application and a list of supporting documents that will be helpful in porving time in hostile areas. The programs' *first time period is January 1, 1993 to September 10, 2001*. During that time period you must have served in a hostile area to be eligible. The second time period is September 11, 2001 to A Date To Be Determined. During that time period I can combine hostile time and non hostile time together. Hostile service starts at $150.00 the first month and $50.00 every month after that to a max of $500.00. $500.00 is the max any applicant can get. Non hostile time starts at $100.00 the first month and $20.00 every month after that to a max of $240.00. The application and a copy of your ORB should be sufficient if it contains all information. Please contact COL Elizabeth Mittelstaedt for more information at 907-353-5279 or via email at Elizabeth.mittelstaedt@nw.amedd.army.mil.

News from Around the Army Nurse Corps and the World

Mobile Training Team, Beirut, Lebanon by LTC Kimberly K. Armstrong

What an amazing experience to participate in an Army Security Assistance training mission to the beautiful country of Lebanon. From May to July 2005, SFC Sharon Carson (Fort Lewis, WA), SFC Darrin Jenkins (Fort Belvoir, VA), SFC Paul Jordan (Fort Huachuca, AZ) and I conducted the Emergency Medical Technician Basic Course (EMT-B) for 26 Lebanese Armed Forces soldiers. Our course, part of an overall plan to improve emergency healthcare and reduce their military's dependence upon contract civilian healthcare, was an overwhelming success that benefited both of our countries.

We conducted our training at the Central Military Hospital in downtown Beirut. With a population of over 3.5 million people, Lebanon is quickly regaining its former status as the "Switzerland of the Middle East" just 14 years after the end of its brutal civil war. We arrived expecting to see a war torn and traditional Arab country and found ourselves in a very modern and progressive society resonating with grace, style, and a new found hope for their future.

We originally started with 31 students (we were told to expect 20-22 nurses and senior combat NCOs) and found ourselves facing an eager group of musicians, secretaries, infantrymen, MPs, and some "medics". Only five were nurses (defined by three months of on-the job-training) so we spent the first ten days teaching A&P, vital signs, and adult BLS. Our course materials were presented in both English and Arabic with a translator who had previously attended the 91W course through the Internal Student Program. The training schedule was exhausting (six days a week) but the students' desire to learn, and the confidence and pride they gained with each new skill, made every moment memorable. We nearly burst with pride when five of our students applied what they had learned in class to perform CPR on one heart attack victim and render assistance in three separate motor vehicle accidents. One of the motor vehicle victims they successfully cared for just happened to be the Medical Director for the Lebanese Armed Forces!

At the end of the six weeks we ran a MASCAL exercise near the waterfront. We simulated a bomb explosion with the Lebanese Armed Forces providing concussion grenades and smoke bombs to great effect. The press was invited and we had five TV stations and three newspapers observe the students (in small teams) manage 15 simulated casualties (head injuries, traumatic amputations, burns, multiple fractures and lacerations, and other traumatic injuries). The result was incredible as we saw the students, some who couldn't even find a carotid pulse six weeks earlier, accurately triage and treat patients in the midst of smoke, screams, sirens, and generalized chaos. The Lebanese Armed Forces MEDCOM Commander was thrilled with their performance and the press corps excitedly broadcast the story on every TV station and newspaper throughout the country. The sense of pride and accomplishment was absolutely indescribable!!! As instructors, and as healthcare providers, we couldn't have asked for anything better!

This is a photo that appeared in the local newspaper depicting the MASCAL exercise conducted by the Lebanese Armed Forces Soldiers.

The students are now back in their units and working full time as medics to maintain their skills. Next year another US team will return to Lebanon to work with the same group of students for more advanced trauma training. I'm excited for the new team and know that they too will have the experience of a lifetime!!!

MTT Team members celebrating with some of the students after the MASCAL exercise: SFC Darrin Jenkins top left, SFC Sharon Carson in the middle, SFC Paul Jordan to her right, LTC Kimberly Armstrong bottom center

Members of the US team with some students at graduation. LTC Kimberly Armstrong top row second from left, bottom row from the far left, SFC Paul Jordan, SFC Sharon Carson, and SFC Darrin Jenkins

Reserve Officer Training Corps (ROTC) Highlights by CPT Rebecca Duckall, 11th Brigade ROTC Nurse Counselor

One of the most fun and beneficial perks a nursing cadet in ROTC can have is the ability to attend NSTP (Nurse Summer Training Program) after completing Warrior Forge, the advanced ROTC summer training at Fort Lewis. There is an array of locations that a cadet has the opportunity to obtain their clinical experience, such as: LRMC, Tripler, WRAMC, BAMC, Madigan, WBAMC, DDEAMC, WAMC and Fort Hood. There is also an array of places within the hospital that a cadet may be assigned to work. That is often based upon availability of a preceptor, as well as the requests and abilities of the cadet.

The preceptor is instrumental in the experience the cadet will have and it is a 1:1 experience. Normally, the hospital will try and use former ROTC cadets as their preceptors. This is sometimes not possible due to deployments, emergency leaves, etc, but it is helpful in knowing what is expected of a cadet when the preceptor has also gone through it. There is a training program that a preceptor must complete in order to be eligible to train the cadet that is enforced by the hospital educator or program coordinator. The tasks that a preceptor must meet include sending a welcome letter to the cadet; training, evaluating and counseling the cadet, and completing an OER.

The goal of the NSTP experience is to progress campus learning with both clinical and leadership experiences. It is normally 120 hours in length, which translates to 3-4 weeks based upon travel time to the locale. To be eligible for NSTP, the cadet must have completed the equivalent of one semester of hospital-based clinical nursing (Psych and Community Health do not count towards this requirement.) They must have completed their military science III level and they must be a graduate of Warrior Forge. During NSTP, the cadet is expected to give an oral presentation that is pertinent to patient care in addition to their normal shift work. A group project is allowed. There is also a "Clinical Skills Workbook" that is standardized for the cadets and they are responsible for completing as many of the skills as possible within their experience. Most schools will give some academic credit for NSTP completion.

The NSTP experience is something that cannot be replicated in the civilian world. When I asked two of the cadets sent to LRMC this summer what advantage this would give them over their peers, one cadet replied that she has "been introduced and exposed to experiences and patients they [I] may never have seen…observing in the OR, work with a variety of healthcare professionals…worked as a charge nurse (with aid from preceptor)…helped with air evacuations from Iraq and Afghanistan…dealt with shrapnel and IED injuries." Another cadet feels that it is a benefit to work on a more realistic schedule with her preceptor. So, on behalf of all the cadets I represent in my Brigade, THANK YOU to everyone that helps make this such a rewarding experience for our future army nurses.

The ANC Role at the Health Facilities Planning Agency by LTC Kristen L. Palaschak

Recently the Health Facilities Planning Agency (HFPA) lost one of its strongest staff members when LTC Sharon Steele was plucked out of her job to work AMEDD BRAC. Not much is publicly known in the Army Nurse Corps about the role she fulfilled at HFPA; however, it is important that nurses learn about this unusual assignment as another facet of nontraditional nursing practice.

LTC Steele began working as the NMA in the Health Facility Project Office - Bragg, a construction satellite office of HFPA. Over the course of time, she participated in the construction of the Womack facility as old transitioned into new. After that job, she headed to the formal offices of the Health Facilities Planning Agency located in Falls Church, Virginia. She held positions in both the clinical/technical branch and in programming and planning division during her assignment.

The responsibilities held by the Chief, Clinical and Technical Support, are many and varied. It isn't soley focused on building hospitals. Recently, LTC Steele played an integral role in pushing forward the contingency facility requirements for "real" hospitals in theater as a member of the SMART-HS. She coordinated the assignments of other nurses to serve in the complex roles of project/transition nurses for hospital projects; and mentored them in situ. She represented the AMEDD in the TriService criteria standardization for space planning, guideplate development and design processes which is based on research and incorporated lessons learned. She presented at numerous national and international meetings representing the AMEDD.

The facility nurse truly serves as the translator between the health care staff and the architects/engineers. It is a developed talent based on a strong clinical background
which moves between these disciplines to ensure the end product is a user friendly, patient oriented facility. There are very few nurses who have the experience and training to work in this field in either the military or civilian sector. The difficulty facing us now is that there are so few nurses in the inventory with this body of knowledge. Nurses should actively engage and partner with their facility managers to gain an understanding of how a facility truly impacts the delivery of care to patients and the work environment upon staff, because we offer a unique perspective that can encompass much of what patients, providers, and administrators need in facility solutions.

LTC Steele's longevity in this field allowed her to establish an unshakable and highly recognized expertise. Her broad understanding of the system's needs and the workings of the process for health facility design, construction, and funding led to her appointment as the director for the BRAC Project Office for OTSG. LTC Steele, though sorely missed, continues to push forward in assuring that the right facility, at the right time will be ready for the staff and patients of the future.

Anesthesia Research by COL Norma Garrett, Director of the USAGPN

Anesthesia Students (Army, Air Force and VA) Study Effects of Herbal Preparations

The use of herbal preparations in the United States is widespread with approximately one quarter of adults reporting use within the past year. Surveys in Minnesota and Mississippi show even higher estimates of use (61% to 71%). Moreover, a recent study found that 60.9% of a sample of U.S. Army personnel consumed at least one dietary supplement one or more times per week. Herbal product annual retail sales have increased from $1 billion in 1994 to $15.4 billion in 1999. The steep rise in herbal use may be associated with increased morbidity and mortality as a consequence of interactions with anesthetic agents or herbal-induced alterations of physiology. Herbal preparations are considered to be dietary supplements in the United States and, therefore, are subjected to a very limited form of regulation and oversight.

Many herbal preparations are purported to have anxiolytic activity, similar to benzodiazepines such as midazolam or valium, through interactions with the Gamma-aminobutyric acid ($GABA_A$) receptor. The $GABA_A$ receptor is a ligand-gated ion channel receptor. Benzodiazepines produce their anxiolytic effects by potentiating the actions of GABA, the principal inhibitory neurotransmitter in the central nervous system, at the $GABA_A$ receptor.

The students in the U.S. Army Graduate Program in Anesthesia Nursing (USAGPAN) have been involved in many exciting projects related to commonly used herbal preparations. Students work in groups of four and collect data in their first year of the anesthesia program. One research group at the USAGPAN examined the popular herb, Valerian. This herb is used as a treatment for insomnia and is purported to act at the $GABA_A$ receptor. The purpose of this study was to investigate the effects of valerian on emergence from anesthesia. Thirty-two male Sprague-Dawley rats were divided into the following four treatment groups: (1) no drug treatment, (2) 30 mg/kg valerian (Jamieson Laboratory Ltd.) administered by gavage, (3) 2 mg/kg midazolam administered via intramuscular injection, and (4) a combination of 30 mg/kg of valerian and 2 mg/kg of midazolam. The most interesting finding from this study was that rats administered a combination of valerian and midazolam had a significantly prolonged emergence from inhalation anesthesia using isoflurane when compared to animals that received no drug treatment or midazolam alone. This finding suggests that valerian may have an additive or synergistic effect when administered with the routinely used preanesthetic anxiolytic, midazolam.

Other student research groups at the USAGPAN investigated the effects of Kava, St John's Wort and Passion flower, on emergence time from anesthesia through similar animal models. Pharmacologic studies suggest that each of these herbal preparations act at the $GABA_A$ receptor, although each may have a different mechanism by which that occurs. The student investigators theorized that rats administered these compounds would have prolonged emergence from inhalation anesthesia using isoflurane. However, there was no significant difference in emergence time when the herbs were compared to the control (placebo).

Student researchers also examined the anxiolytic efficacy of chrysin, a Passion Flower extract, in rats with the added critical examination of neurohormonal modulation. In this study, forty-four male Sprague-Dawley rats were randomized to receive an intraperitoneal injection of either: (1) vehicle (DMSO 4%), (2) chrysin 2 mg/kg, (3) midazolam 1.5 mg/kg, or (4) flumazenil 3 mg/kg and chrysin 2 mg/kg. The elevated plus maze was used to evaluate the behavioral component of anxiolysis and catecholamine and corticosterone assays were examined to measure the neurohormonal effects of anxiety. No statistical difference was found among the groups regarding the catecholamine and corticosterone levels. Only the midazolam group demonstrated a statistically significant difference in decreased anxiety ($p<0.05$) when compared to the control and flumazenil + chrysin groups, however there was no statistical difference found between the midazolam and chrysin groups. While chrysin did not show statistical difference compared to the control or flumazenil + chrysin groups, the data were suggestive of an anxiolytic effect.

Finally, USAGPAN students investigated the effects of the Passion flower extract, chrysin, on natural killer (NK) cell activity in a rat model. NK cells are a small fraction of lymphocytes that are specialized to kill certain types of target cells; specifically host cells that have become cancerous. Surgery is frequently one of the first treatment options for cancer, however, a number of studies suggest that the anxiety associated with surgery suppresses NK cell activity. The students hypothesized that chrysin may be an efficacious anxiolytic that would support NK cell activity perioperatively. Thirty-six Sprague-Dawley rats were assigned to one of the following three groups: (1) surgical animals receiving chrysin (2) surgical animals receiving DMSO (placebo) and (3) the anesthesia only animals receiving chrysin. Findings from this study were very promising. Surgical rats that were administered chrysin had significantly less NK cell suppression than did rats who were administered DMSO ($p<0.01$).

Clearly, the USGPAN students are contributing to the body of knowledge for anesthesia nursing.

News from Human Resource Command

Good early Fall/ October to everyone. As we speak, the Officer Distribution Plan (ODP) is well underway. We are internally working the station count within Branch and we will get that out to Deputy Commanders of Nursing (DCN) for their review and comment. Close coordination with your resource managers will be needed to ensure there is accurate validation of your officer population as well as your requirements. We need DCNs to ensure that all senior leadership positions are clearly identified on the station count. We also need to ensure that HRC/ AN Branch is informed about modularity/ transformation/ BRAC impact on your respective facilities. I know this will take an investment of time and effort but it will reap benefits for your MTFs in the long run. At this year's ODP, there will be more focused attention to workload variables available to us to distribute inpatient nursing resources. We now have LTC Janice Nickie-Green in the Decision Support Cell (DSC) at OTSG who is working the ANC workload variable issues for the ODP process. This is certainly an evolving process that will move the Corps towards a more cogent approach to distribution of our valued Army Nurse Corps resources.

The RA integration process is now just over a month away from execution (11 November). Almost all officers on active duty will automatically integrate into the regular army (RA). The focus is to reinforce the career focus that officers should have whether they intend to serve for a full career or a period of time short of a long term career. There is absolutely no change to the officer's original obligation and there is no additional obligation with the RA integration. There is no need for oathing and the RA integration will be top-loaded from Human Resource Command (HRC).

In the midst of the continued busy optempo, the Corps still tirelessly works to recruit and retain. Lots of other activities going on in our office. AOC courses remain available to include ICU and OR. Please work to support getting your officers into these courses so that we can continue to grow these specialty pipelines. The Chief Nurse board is set to convene on 18 October. All COLs and LTC (P)s over 24 months TOS (S06) will be looked at on that board so that a robust OML can be utilized to identify these key assignments. We have sent word out about ILE selectees as well as our SSC selectee (principal) who is LTC Kimberly Armstrong at AMEDD C&S. Congratulations to our ILE selectees and LTC Armstrong. Finally, the MILPER message is out for the upcoming LTC Command board (29 Nov to 9 Dec) and there will be a change in policy that requires officers to opt INTO the board. So as usual, lots of activity in AN Branch and around the Corps. From the perspective of the 9th floor of Hoffman, we see the great work that goes on day in and day out, through the TDA, TOE and deployed environments and it continues to make us proud to serve each and every ANC officer. Don't hesitate to talk to your PMO about career questions and issues and its never too early to plan that next step in your career.
Take care and be safe. - RAH - Carpe Diem!

Calls For…

TSNRP FY06 A – Due 1 Nov 05

Forms Review and Assistance

Submit to Geneva no later than **5 October 05**

Geneva will review your application forms to:

Ensure you are using the correct PHS 398 forms (rev 9/04) and TSNRP application forms (rev 8/05)

Ensure you have included all of the forms required for your particular award

Compare the content and format of forms with TSNRP's application instructions to ensure that form pages are in the correct format and contain the appropriate information

Ensure pages are numbered correctly

Typically, this activity requires the most time and effort prior to submission. Therefore, we are requesting that you submit your form pages, *TSNRP application page through Resources form page*, in draft or final form. You can continue working on the narrative while we review the other application forms.

Narrative Review and Feedback

Submit to Geneva no later than **10 October 05**

Geneva can assist you and act as a second pair of eyes for your proposal. We will make sure your narrative flows well, is free of common pitfalls, and contains all the components outlined as a focus in the TSNRP Call for Proposals. If you would like more feedback on your narrative to include content and editorial review, proofreading, and pointers, please submit your DRAFT proposal no later than **10 October 05**. You are welcome to submit your draft narrative earlier than **10 October 05**. In fact, the more time we have to review your proposal, the more assistance we can provide. Please contact Anne Reedy at Geneva at your earliest convenience if you would like this type of review and assistance.

Final Review and Submission to TSNRP

Submit to Geneva no later than **24 October 05**

Regardless of whether or not you choose to take advantage of our review and assistance services, Geneva will print and copy your proposal, make sure all pieces are present, and mail your application in a timely manner. We will accept either an electronic copy or a hard copy of your final grant application for submission to TSNRP. If you decide to submit your application to us by email, please mail (Geneva to receive by **24 October 05**) multiple copies of signed, original application face pages and 15 sets of the appendices to include at least one set of original signed letters of support.

Final Mailing

A note to researchers submitting a proposal: In order to respond to the call in time, **Geneva will need to overnight all proposals in their final form on 31 October 05**. We have scheduled the above dates to ensure that we have ample time to devote to your proposal for each service described.

Healthcare Innovations Program (HIP)
2006 TRICARE Conference Poster Exhibit
The deadline for submission is 14 October 05

Introduction

TMA's Population Health and Medical Management Division (PHMMD), TRICARE Management Activity (TMA), sponsors a Poster Exhibit and competition in conjunction with the annual TRICARE Conference. The next conference is scheduled from Monday, January 30 – Thursday, 2 February 2006 at the Marriott Wardman Park Hotel in downtown Washington, D.C.

The goals of the exhibit are to showcase Military Health System (MHS) innovations and best practices, link people with ideas, and share information and tools for all organizations within the MHS.

Abstract Submission Process

The official website for the HIP is http://www.tricare.osd.mil/OCMO/innovations.cfm. To participate, complete and submit the electronic submission form located on the website. Abstract submissions to **the website will only be accepted between 15 September and 14 October 05.**

New innovations, as well as innovations previously submitted in the past, are eligible for consideration for the 2006 Poster Exhibit. However, preference will be given to new submissions should space become limited.

Poster Exhibit Presentation

Innovations will be selected for presentation in two different forums: an oral presentation and poster exhibit display.

- **ORAL PRESENTATION**:
  - Once innovation winner for **each category** will have the opportunity to give an oral presentation during one of the sessions in the Clinical Operations Track at the TRICARE conference.
  - Awards will be presented for the best innovation in the categories of **Access, Cost, Quality, Readiness, and Healthy Lifestyles.**
- **POSTER EXHIBIT DISPLAY**:
  - Fifty participants with the top scoring abstracts will be invited to submit a professional poster for exhibit at the TRICARE conference.

Participants selected to display a poster at the conference will be notified by 14 November 05. For detailed information and guidance, please review the Poster Guidance and Format guidelines.

Poster Guidance and Format

The poster is a visual display of the written abstract. Each poster should clearly explain, illustrate, and supplement the information in the abstract. You may use illustrations, photos, charts, graphs, outlines, or other graphics to explain/describe your project. Posters must be **professionally developed** and visually appealing; creativity is highly encouraged. The best posters contain less text, but present more results data. To assist with the creation of your poster, review examples of previous submissions at http://www.tricare.osd.mil/OCMO/innovations.cfm.

Posters with **vendor names** prominently displayed **will not** be considered. However, it is acceptable to include contact information of the submitting organization. *Any contact information listed on the poster must include government personnel (military or civilian).*

The poster must meet the following guidelines:

- The dimensions for each poster **must be 44 inches (across) by 36 inches (high)**. (**Please adhere to the required poster size)**.
  - We recommend that you use flexible paper material that can easily be rolled into a poster tube mailer. There are several types of lamination available.
- Posters should be easily read from a distance of six (6) feet.
- Posters should be sent ready to hang ***with the velcro already applied to the back of the poster before mailing***.
  - The posters will be mounted on a corkboard display covered with fabric which will accommodate velcro adhesive.
- Lack of readability or poor overall appearance may result in your poster not being selected for the exhibit.

We highly encourage providing handouts which explain the innovation. We recommend a minimum of 200 copies. A display case for the handouts will be provided at the exhibit site.

Mailing Instructions

Both posters and handouts must be received at the TMA office not later than **COB 31 December 05.** Posters and handouts should be sent to:

TRICARE Management Activity/OCMO
Attention: LTC Christine Merna or Carolyn Armstead
Skyline Five, Suite 810; 5111 Leesburg Pike
Falls Church, VA 22041-3206

General Information

- You do not have to attend the conference in order to participate in the Poster Exhibit.
- Acceptance of your poster in the exhibit **DOES NOT** imply registration or admission to the TRICARE Conference or that TMA will provide funding for travel.
- The TRICARE Conference Poster Exhibit will be monitored, but will not be staffed.
- All posters will remain on display for the duration of the conference. Posters will be removed no earlier than noon on the last day of the conference.
- It is the responsibility of the submitters to remove their poster after 1200, 2 Feb 06. If you are unable to collect your poster, please contact Carolyn Armstead (Carolyn.armstead.ctr@tma.osd.mil) to make other arrangements. Please notify us if you do not wish to save your poster.

Summary Schedule of Dates

Date	Items Due
14 October 2005	Deadline to submit innovations and abstract
14 November 2005	Notification of acceptance
31 December 2005	Deadline to receive poster and handouts
30 January 2006	Poster Exhibit set up
2 February2006	Poster Exhibit end
2 February 2006	2005 TRICARE conference ends

For questions, please contact LTC Christine Merna christine.merna@tma.osd.mil or Carolyn Armstead carolyn.armstead.ctr@tma.osd.mil. The telephone number is (703) 681-0064. (DSN 761)

NINETEENTH ANNUAL
PACIFIC NURSING RESEARCH CONFERENCE
"Nursing Research: Defining Best Practices"
February 24-25, 2006
Waikiki Beach Marriott Resort, Hawaii

Call for Abstracts

Nurses are invited to submit abstracts for poster or podium presentations for the 19th Annual Pacific Nursing Research Conference co-sponsored by the University of Hawai'i at Manoa School of Nursing and Dental Hygiene and the Tripler Army Medical Center. This conference is dedicated to promoting nursing research in practice and education.

ABSTRACT SUBMISSION DEADLINE Extended to: OCTOBER 10, 2005

General Information

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Clinical applications and projects are eligible for poster presentation

Please submit the abstract with author contact information, two learning objectives, content outline for each objective and presenter's CV as an E-mail attachment in MS Word or WordPerfect to: pnrc@hawaii.edu
Notification of acceptance and additional instructions will be sent no later than November 30, 2005.

Presentation Formats
PODIUM presentation will be 15-20 minutes using MS Power Point
POSTER presentations will be displayed during the entire conference

ACADEMY OF HEALTH SCIENCES
AMEDD CENTER & SCHOOL
CHIEF, COL PATRICIA A. PATRICIAN
NCOIC, MSG RONALD POLITE
(210) 221-8231

MESSAGE FROM THE CHIEF, DNS

The Army Nurse Corps edition of the *AMEDD Journal* has finally been published! It is currently being mailed in hard copy to the organizations on the Journal's mailing list, which should include all MTFs. Hard copies are also being mailed to all authors. This edition of the Journal will eventually be accessible on line as well at http://das.cs.amedd.army/mil/journal.htm . The AN edition is written almost exclusively by AN officers, active and reserve, and civilian staff. I would like to thank those of you who served as manuscript reviewers: COL Liz Mittelstaedt, COL Marietta Stanton, LTC Mona Bingham, MAJ Sara Sproat and Dr. Penelope Ward. Thanks also to all of the authors for putting in all the time it takes to produce a quality product!

OFFICER BASIC STUDENTS AND PRECEPTORSHIP

We currently have 138 AN OBC students, due to finish in December 2005. We held a reception last night, and I just wanted to let the field know these LTs are very enthusiastic and eager to get to your MTFs! Several have years of ICU and ER experience as LPNs, some as RNs. Most have no clinical experience. They will need a good orientation, sponsorship, and preceptorship. From analyzing evaluation data on our preceptorship program last year, preceptees had the same age-old complaints: inability to shadow the preceptor 100% of the time (not being assigned with their preceptors) and the preceptor having too many other additional duties. Please help by ensuring they are assigned together and rotate shifts together. Precepting is a tough additional duty and I hope all the MTFs are recognizing and rewarding their preceptors.

NEW DNS BUILDING

The groundbreaking for the new Department of Nursing Science is scheduled for 15 Nov 05 at 0930 at the building site on W.W. White Rd, between the NCO Club and the NCO Academy, Ft. Sam Houston, TX. Please join us if you are in San Antonio during that time. The building will be named Dunlap Hall, for the former Corps Chief, BG Lillian Dunlap. The scheduled completion date for the building is Spring 2007.

ANESTHESIA BRANCH
CHIEF, COL NORMA GARRETT
NCOIC, SSG MONTEZ BONNER

The U.S. Army Graduate Program in Anesthesia Nursing, or USAGPAN, is pleased to announce that the University of Texas Nurse Anesthesia Program board has met, and has accepted 37 Army applicants for the FY 07 Nurse Anesthesia class. What this means to all the bright, motivated Nurse Corps officers that are reading this, and their supervisors, is that there will be a second board held by UT sometime in January 2006. The USAGPAN Army student capacity is 44 students. So, there are 7 additional slots that need to be filled by qualified applicants. The USAGPAN program and the Army Nurse Corps leadership acknowledge that trying to submit a packet from Iraq or other forward deployed locations is difficult. This second board provides a well deserved opportunity for additional applicants to get their packets in and compete for a seat in one of the best Nurse Anesthesia programs in the Nation.

When meeting with officers attending the Captains Career Course, it was brought to our attention that there are some misconceptions about applying to and being a student in the USAGPAN program. The first is that you have to work in an ICU, or be an 8A to apply to our program. THIS IS FALSE. Active duty Army Nurse Corps officers that work in an acute care setting, including the wards, Labor and Delivery, the Post-Anesthesia Care Unit, etc. can all apply. Your Chief Nurses, in conjunction with the Department of Nursing Science at Ft. Sam Houston, will arrange appropriate clinical experiences to help you gain the knowledge and experience you'll need to succeed in our program.

The second misconception is that if you're 40 years old or older, you'll not succeed in the program, so you should not bother to apply. THIS IS FALSE. Our program is made up of students with a wide variety of clinical and life experiences. Those students who are more seasoned bring with them more unique experiences and add remarkably to the teaching-learning environment. Do not let an applicant's age deter their desire to be a Nurse Anesthetist, nor discourage their supervisors from recommending them for our program.

The U.S. Army has prepared top quality Certified Registered Nurse Anesthetists (CRNAs) for over 45 years and since 1983, our graduates have earned a Masters Degree through our University based affiliations. We currently produce nearly all active duty Army CRNAs and provide specialized training in field anesthesia to ensure that our graduate nurse anesthetists are qualified to deploy in time of war, civil disorder, natural disaster or for humanitarian missions. Through the US Army Graduate Program in Anesthesia Nursing, students are instructed in a manner that encourages independent thought and critical decision-making during times of great stress, both physical and emotional. As the sole providers of anesthesia under many circumstances in the Army, nurse anesthetists have to rely on their skills and training to save soldiers' lives.

Please refer to the following helpful web sites for more answers and information as to how you or your nurses can get involved with the best job in nursing.
Frequently Asked Questions:
http://www.dns.amedd.army.mil/crna/civilianapplicationFAQ.htm

ARMY NURSE CORPS PROFESSIONAL DEVELOPMENT BRANCH
CHIEF, LTC JUSTIN WOODHOUSE

The 2005 Hospital Educator's Course will be held 6-10 November. All hospital educators who desire funding are asked to submit a DA 3838 to MAJ Kelly Bramley immediately. Fax number is (210) 221-8114.

CAPTAIN'S CAREER COURSE

Army Nurse Corps officers must meet height and weight, and APFT standards in order to attend the Captains Career Course. All officers will conduct a record APFT on the second day of the Captains Career Course. If an officer fails the APFT and/or does not meet the height and weight standards, the officer will be given the option to either remove themselves from the course or remain in the course with the understanding that she/he must pass an APFT and/or meet height and weight standards by the end of the course. If the officer elects to remain in the course and does not pass the final APFT and/or does not meet height and weight standards, the officer will not receive credit for the Captains Career Course and will receive an adverse AER.

During the last two Captains Career Courses, the Army Nurse Corps has had seven officers who did not meet the Army's height and weight standards and/or who cannot meet the Army's APFT standards.

OFFICER BASIC COURSE

The OBC Nurse Track is undergoing some changes in regards to the training and information the officers receive during this two-week course. The officers receive training and information on professional development opportunities, the preceptorship program, deployments and trauma nursing. The officers also complete a rigorous Trauma Nursing Core Course (TNCC) and obtain the TNCC certification. In addition, the officers attend a two-day FTX held at Camp Bullis. During the FTX, the officers learn how to construct a Combat Support Hospital (CSH), receive hands-on training on equipment commonly found in a CSH and participate in a MASCAL exercise. For information on the OBC Nurse Track schedule/agenda, please see the following website: www.dns.amedd.army.mil/ANPD/OBC. For recommendations on Nurse Track topics, please email MAJ Tony Bohlin at Anthony.bohlin@amedd.army.mil

91WM6 (PRACTICAL NURSE COURSE) BRANCH
CHIEF, LTC PATRICIA LEROUX
NCIOC, SFC DAVID GRAHAM

91WM3

Because 91WM3 (Dialysis Technician) is a critically short ASI, we are holding an additional course in January 2006. Students will report 8 January, start 9 January and graduate 2 June 2006. The June 2006 dates are as follows: Report 25 June, start 26 June and graduate 16 November. The E-5(P) rank is no longer a restriction and does not require a waiver.

OPERATING ROOM SPECIALIST (91D) COURSE
CHIEF, LTC JOHN AUSTIN
NCOIC, SFC ROCHELL PETERMAN

I would like to take this opportunity to thank the hard working individuals out in the field conducting Phase 2 training for the students of the 301-91D10 Operating Room Specialist Course. The AMMEDC&S depends on the 23 Medical Treatment Facilities (MTFs) who collaborate with the 91D Branch as Phase 2 training sites. More notably, the 91D Branch depends on the hard work and determination of the Phase 2 faculty. It has become imperative that the Phase 2 preceptors and instructors, in conjunction with their education department chiefs and the operating room staff, create an atmosphere that is not only conducive to learning but also safe and secure for the students to learn and grow.

During a recent Phase 2 Staff Assistance Visit, we learned that Dwight David Eisenhower Army Medical Center (DDEAMC), at Fort Gordon, Georgia is doing a phenomenal job training 91D students. I wanted to draw attention to this particular facility for the enormous amount of effort they have put into the 91D Phase 2 Training and for things that they have accomplished by setting the highest standards for training. First and foremost, there is now a permanent full time instructor assigned to Hospital Education and Training (HET) exclusively for the 91D Phase 2 program. DDEAMC has chosen to lead by example and commit resources to this critical war-time MOS.

This transformation began with COL Doris Johnson, Chief, HET. She stated that "the 91D training is vital to our war time mission. If our 91 Ds cannot perform their jobs, our soldiers on the battle field will suffer. The consequences for a lack of training are unthinkable". COL Johnson is so right! COL Johnson, working with the Hospital Administration and the Perioperative Services, redistributed personnel assets in order to convert a 91D staff technician into a full time instructor position. The outstanding leadership and forward thinking of this organization transformed how training was being conducted into a state of the art surgical experience for the 91D students. This focus on education permeates throughout DDEAMC.

The good news doesn't end there. I have also had the pleasure of conducting a Staff Visit to Bayne-Jones Army Community Hospital (BJACH). The staff at this facility is made up primarily of Army Reservists filling the needs of this organization and doing a great job not only for patient care but also for the 91D training mission. The 91D Branch received a phone call this week from LTC Alice Lubbers, C, PONS who informed us that BJACH has created a full time civilian instructor position for the 91D Phase 2 Training Program. They are currently interviewing candidates for the position. This position will focus primarily on the training mission of our soldiers while providing occasional assistance to the Operating Room (OR). What a great example of getting things done and doing the right thing!

Lastly, I would like to thank the Hospital Education Team and Perioperative Leadership for supporting the efforts of your 91D Preceptors and Instructors. The last quarterly VTC had the best attendance in two years with 86% of our 91D Faculty present. It is a great forum for discussing issues and solving problems and won't survive without this kind of participation.

OTHER NEWS FROM AMEDDC&S

DEPARTMENT OF COMBAT MEDIC TRAINING

VIDEO TELETRAINING CENTER

OIC, MAJ TINA CLEMENTS

Anywhere, Anytime

Sixteen weeks. That is the time given to take a raw recruit fresh from basic training and turn them into a 91W combat medic. An arduous schedule of both military medicine and civilian education culminates in a soldier medic skilled in combat trauma care, limited primary care, force protection, evacuation, and certified for the military and civilian sector as a Nationally Registered Emergency Medical Technician (NREMT).

Unlike their civilian counterparts, military medics are destined for locations all around the world. Maintaining skills and EMT accreditation can be a challenge for the Soldier Medic. How can a soldier any place in the world get needed continuing education or a refresher course? This is where Video Teletraining (VTT), a little known entity outside the AMEDD Center and School, comes in to assist in sustainment and transition for the 91W Combat Medics. VTT is a joint effort between the Department of Combat Medic Training (DCMT) and the Department of Academic Support and Quality Assurance (DASQA) that brings the classroom to the soldier.

VTT utilizes the Teletraining Network to broadcast live classes to Digital Training Facilities around the world. We offer a wide range of classes including EMT refresher, EMT Bridge, SACM-VT Table I-VII, Trauma Casualty Care Course (TC3), and Trauma AIMS. VTT also offers a variety of continuing education classes in wilderness and tactical environments in addition to continuing education from the basic to the paramedic level for National Registry. We can establish classes based on your time zone or needs. VTT allows us to offer up-to-the-minute information received from forward deployed units and lessons learned as well as new policy and procedures developed at the AMEDD Center and School. We are geared to operate 24 hours a day, 7 days a week to serve the Soldier Medic around the world with his or her educational needs. Wherever there is the need for a class, we are there to broadcast. Anywhere, anytime.

For more information on available training or to request a specific class contact MAJ Tina Clements, OIC, VTT at tine.clements@amedd.army.mil or Mr. Jim Franklin, VTT, EMT Program Manager at james.franklin@amedd.army.mil or call us at 210-221-8135. Current schedules of classes and information on attended classes can be viewed at www.cs.amedd.army.mil/ddl.

Here are some excerpts from the VTT Center's new newsletter:

AMEDD Center & School
Department of Learning Innovation and Technology

Anytime, Anywhere, bringing quality medical training to soldiers and units at the right time and place.

Tidbits from the TNET

Newsletter for Military and DoD EMT's, Course Coordinators, and Medical Directors

Welcome to the World of Video TeleTraining (VTT)

VTT - bringing quality instruction to you since 1994.

A wide array of programs are offered via distance learning. The training programs include the EMT Refresher Program, EMT Bridge Course, Trauma AIMS, TC3, as well as Continuing Education (CE) courses for all levels

The **EMT Refresher program** is required to maintain your NREMT certification and for those individuals whose certification has been expired less than 24 months. This training can also be utilized to retake the NREMT exam.

The **EMT Bridge course** is an Army specific course. It's for individuals whose certification has been expired (NREMT) greater than 24 months or have never passed the NREMT exam. To be eligible for this course, the student must have taken an EMT course or completed AIT since 1 Oct 1988.

The **Trauma AIMS course** is required for transition to 91W until 1 Oct 05.

The **TC3 course Tactical Combat Casualty Care** is to provide students a basic overview and foundation of the concept and principles of Tactical Combat Casualty Care or TC-3. Tactical Combat Casualty Care takes the basic knowledge and skills the student attained in the EMT-B module and applies them to the military requirements of the battlefield. TC-3 bridges the gap between the civilian emergency medical services (EMS) system of providing emergency medical care and the tenets of combat trauma management. TC3 is a required course after 1 Oct 05.

Pre-Hospital Trauma Subjects is designed to rapidly assess casualties and begin life-saving therapy early and appropriately. It has been demonstrated that this improved process in casualty care has resulted in a decrease in the mortality rate from trauma following this pre-hospital care. While Emergency Medical Technicians (EMTs) in today's cities may direct their total attention to the care of trauma casualties, the soldier medic has two jobs: that which mirrors the soldier medic's civilian counterpart and that which concerns providing medical care in a combat environment, possibly under fire.

Continuing Education classes range from EMT Basic to Paramedic levels. We also provide Wilderness and Tactical CE classes for those who want special training for these environments.

Special Request classes can be established based on your time zones and unit's special needs. We can operate 24/7 to serve the military personnel's educational needs. For more information, contact the number and/or address below, and we will walk you thru a relatively simple process.

•P.O.C. Mr. James Franklin DSN: 471-8135 COMM: (210) 221-8135

http://www.cs.amedd.army.mil/ddl

The AMEDD Video Teletraining Program has proven to play a very successful role in the 91W transition and sustainment training programs that are offered via distance learning.

What the TNET staff can do for you:

- **Schedule the site connection**
- **Provide student handouts**
- **Provide exams**
- **Conduct training to skills evaluators**

How to get connected: AC and RC can connect thru Digital Training Facilities (DTF'S), TRADOC Classroom XXI (CRXXI) facilities or Video Tele-Conferencing sites at 384 KBPS. Click below to find a site near you.

AC and RC Click here
http://www.atsc.army.mil/itsd/TNETSites.htm
National Guard Click here
http://www.dttp.ngb.army.mil/About DTTP/Contact Information/State DL Classrooms and POC List.asp

Available Classes

Cardiac Rhythm Recognition This course is a prelude to ACLS and will discuss the electrical activity of the heart, the conduction system, and recognition of the deadly rhythms.

Cardiac Monitoring
Course teaches recognition of Cardiac dysrhythmia's, ECG mechanics, and, cardiac response. We will reinforce the EMT Basic's role in Cardiac cases. We will discuss EKG monitors and the fundamentals in caring for the patient while being monitored. This is to assist the ACLS crew and the Basic to understand the concepts of Cardiac care.

Management of Burns
This course describes the major functions of the skin, discuses classifications and characteristics of burns, and the emergency medical care of the patient with a burn injury. Upon completion a certificate of training will be issued for use as Continuing Education for the EMT-Intermediate.

Intravenous and Electrolyte Therapy for the EMT
This course will discuss and demonstrate various techniques in IV cannulation and fluid replacement for different medical situations. Upon completion a certificate of training will be issued for use as Continuing Education for the EMT-Intermediate.

Special Population Assessment
This course will identify and discuss the developmental considerations and patient assessments for different age groups. Upon completion a certificate of training will be issued for use as Continuing Education for the EMT.

Medical Assessment
Provides instruction on performing the correct assessment related to the patient's mechanism of illness, level of consciousness, and verbalizing the appropriate pre-hospital care related to the physical findings found during assessment. Upon completion a certificate of training will be issued for use as Continuing Education for the EMT.

Abdominal Injuries
Abdominal injuries will discuss the A&P of the abdominal area, injuries to include penetrating, blunt, and percussion, and the effects on the abdominal cavity. Also discussed will be the signs and symptoms of these injuries and the treatments, both prehospital and clinical. Upon completion a certificate of training will be issued for use as continuing education for the EMT.

HIV / AIDS
This class is to update Healthcare professional's knowledge of the care provided to patients with HIV/AIDS and issues surrounding their care. This course will meet NREMT and Nursing CE requirements for certification and /or licensure.

UPCOMING CLASSES
For complete schedule check online: http://www.cs.amedd.army.mil/ddl/

Tuesday 04 Oct 05 (0900-1100) - Ambulance Operations

Tuesday 04 Oct 05 (1300-1500) - Assessing the Trauma Patient

Friday 07 Oct 05 (1700-1200) - EMT Refresher RC/NG (Oct 8-9 - 0900-1700 - Nov 19-20 - 0900-1700)

Friday 07 Oct 05 (1700-1200) - EMT Refresher RC/NG/CE (Oct 8-9 - 0900-1700 - Nov 19-20 - 0900-1700)

Sunday 09 Oct 05 (0700-1400) - Cumulative Continuing Education

Tuesday 11 Oct 05 (0900-1100) - Medical Errors

Tuesday 11 Oct 05 (1300-1500) - OB/GYN Emergencies for the EMT

Saturday 15 Oct 05 (0800-1500) - Cumulative Continuing Education

Tuesday 18 Oct 05 (0900-1100) - Pharmacology for the EMT Basic

Tuesday 18 Oct 05 (1300-1500) - Environmental Injuries for the EMT

Thursday 20 Oct 05 (0900-1100) - Environmental Injuries of the Pediatric Patient

Thursday 20 Oct 05 (1300-1500) - Transportation & Care of the Neonate

Monday 24 Oct 05 (0900-1700) - EMT Refresher (24-28 Oct 05)

Monday 24 Oct 05 (0900-1700) - EMT Refresher/CE

Friday 04 Nov 05 (1700-1200) - EMT Refresher RC/NG (Nov 5-6 - 0900-1700 - Dec 3-4 - 0900-1700)

Friday 04 Nov 05 (1700-1200) - EMT Refresher RC/NG/CE (Nov 5-6 - 0900-1700 - Dec 3-4 - 0900-1700)

Sunday 06 Nov 05 (0900-1100) - Medical Ethics

Monday 07 Nov 05 (0900-1700) - EMT Refresher (07-11 Nov 05)

Monday 07 Nov 05 (0900-1700) - EMT Refresher/CE

Monday 05 Dec 05 (0900-1700) - EMT Refresher (05-09 Dec 05)

Monday 05 Dec 05 (0900-1700) - EMT Refresher/CE

Tuesday 15 Dec 05 (0900-1100) - Cardiac Pharmacology

Tuesday 15 Dec 05 (1300-1500) - Respiratory Emergencies

Thursday 20 Dec 05 (0900-1100) - Documentation / Communication for the EMT

Thursday 20 Dec 05 (1300-1500) - Tactical Injuries

Friday 06 Jan 06 (1700-1200) - EMT Refresher RC/NG (Jan 7-8 - 0900-1700 - Feb 4-5 - 0900-1700)

Friday 06 Jan 06 (1700-1200) - EMT Refresher RC/NG/CE (Jan 7-8- 0900-1700 - Feb 4-5 - 0900-1700)

Sunday 08 Jan 06 (0900-1100) - Diabetic Emergencies

Monday 09 Jan 06 (0900-1700) - EMT Refresher (09-13 Jan 06)

Monday 09 Jan 06(0900-1700) - EMT Refresher/CE

Tuesday 17 Jan 06 (0900-1100) - Medical Threat Assessment

Tuesday 17 Jan 06 (1300-1500) - Rapid Sequence Intubation

Thursday 19 Jan 06 (0900-1100) - Pediatric Trauma

Thursday 19 Jan 06 (1300-1500) - Domestic Violence

Sunday 05 Feb 06 (0900-1100) - Lifting and Moving

Monday 06 Feb 06 (0900-1700) - EMT Refresher (06-10 Feb 06)

Monday 06 Feb 06(0900-1700) - EMT Refresher/CE

Tuesday 14 Feb 06 (0900-1100) - Patient Assessment in the Extreme Environment

Tuesday 14 Feb 06 (1300-1500) - Domestic Violence

Friday 17 Feb 06 (1700-1200) - EMT Refresher RC/NG (Feb 18-19 - 0900-1700 - Mar 4-5 - 0900-1700)

Friday 17 Feb 06 (1700-1200) - EMT Refresher RC/NG/CE (Feb 18-19 - 0900-1700 - Mar 4-5 - 0900-1700)

Thursday 23 Feb 06 (0900-1100) - Cardiac Arrest Management

Office of the Chief, Army Nurse Corps

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